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Office Use Only



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PILLU 2018 DEC 20 PM 1: 16 SECRETARY OF STATE

# COVER LETTER

TO:	New Filing Section Division of Corporations		<u>.</u>	
SUBJE	HENRY B LOWERY LLC			
30000	Name of	Limited Liabili	ity Company	
The end	closed Articles of Organization and fee(s	s) are submitted	for filing.	1
Please i	return all correspondence concerning thi	s matter to the f	ollowing:	
	HENRY B LOWERY			
		Name of	Person	
	HENRY B LOWERY LLC			
		Firm/Co	mpany	
	5 MADRID AVE			
	<del></del>	Addr	uss .	
	GULF BREEZE, FLORIDA 325	61-4017		
		City/State and	d Zip Code	
	E-mail address: (to be t	ised for future a	nnual report notific	cation)
For furth	er information concerning this matter, pl	lease call:		
	HENRY B LOWERY	850	470-1093	
	Name of Person	Area Code	Daytime Teleph	onellumber
Enclose	ed is a check for the following amount:			
<b>]</b> \$125.00	9 Filing Fee S130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & ed Copy al copy is enclosed	S160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Street Address New Filing Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations enter Circle

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

## HENRY B LOWERY LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LL(1)")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
5 MADRID AVE	5 MADRID AVE
GULF BREEZE, FL 32561	GULF BREEZE, FL 32561

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

HENRY B LOWER	Υ΄		Į.	L
	Name			
5 MADRID AVE			ļ	
Florida street address	(P.O. Box <u><b>NOT</b></u> ac	rceptable)		Ī
GULF BREEZE	FL	32561		
City	State	Zip		I

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:		Name and Address:		
"AMBR" = Authorized l	Member		1111	
"MGR" = Manager		HENRY B LOWERY		
"AMBR" 100%		5 MADRID AVE		
		GULF BREEZE, FL 325		<del></del>
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(Use attachment if neces	sary)		!! III.	
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ARTICLE IV-